

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/596,751
Filing Date	October 18, 2007
First Named Inventor	KAHN, Saeed R.
Art Unit	1625
Examiner Name	CHANDRAKUMAR, Nizal S.
Attorney Docket Number	018890-000200US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the practitioners of record;
- ☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or
- ☐ the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> 10.40(b)(1) | <input type="checkbox"/> 10.40(b)(2) | <input type="checkbox"/> 10.40(b)(3) | <input checked="" type="checkbox"/> 10.40(b)(4) |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii) | <input type="checkbox"/> 10.40(c)(1)(iii) | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi) | <input type="checkbox"/> 10.40(c)(2) | <input type="checkbox"/> 10.40(c)(3) |
| <input type="checkbox"/> 10.40(c)(4) | <input type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: | |

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☒ Inventor or
Assignee name Johns Hopkins University

Address Johns Hopkins Technology Transfer, 100 N. Charles Street, 5th Floor

City	Baltimore	State	Maryland	Zip	21201	Country	US
------	-----------	-------	----------	-----	-------	---------	----

Telephone	410.516.8300	Email	
-----------	--------------	-------	--

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature

Name	Kenneth E. Jenkins, Ph.D.	Registration No.	51,846
------	---------------------------	------------------	--------

Address Townsend and Townsend and Crew LLP
12730 High Bluff Drive, Suite 400

City	San Diego	State	California	Zip	92130	Country	US
------	-----------	-------	------------	-----	-------	---------	----

Date	December 3, 2008	Telephone No.	858.350.6100
------	------------------	---------------	--------------

NOTE: Withdrawal is effective when approved rather than when received.